Faculty of Philosophy and History

GRADE Center GPE – Geschichte, Philosophie, Ethnologie

Norbert-Wollheim-Platz 1

60629 Frankfurt am Main

**Application for Funding**

Date: \_\_\_\_\_\_\_\_

**1. Applicant**

Titel, first name, last name: Click/type to add text

Private address: Click/type to add text

Phone: Click/type to add text

Email: Click/type to add text

I am a…

|  |  |
| --- | --- |
| Doctoral Candidate  Thesis Working Titel: Click/type to add text  Supervisor: Click/type to add text | Postdoc  Research Project: Click/type to add text |

I am an employee of the Goethe-Universität:  yes  no

If yes, at which institute/department? Click/type to add text

If no, are you employed by another research institution? Name of research institution

I am registered with [Center]:  yes  no

I am registered with another GRADE Center as well:  yes  no

If yes, which Center? Click/type to add text

**2. Object and volume of the requested grant**

**I apply for a grant amounting to** \_\_\_\_\_\_ **Euro.**

Please describe for which purposes the funding will be used. Please list individual items and add documentation (if applicable).

Click/type to add text

**3. Other funding sources**

Have you applied for funding from other funding sources for the same purpose (or are you planning to do so)?

yes  no

If yes, where? Click/type to add text

If yes, to what amount? Click/type to add text

If yes, has the funding been approved? Click/type to add text

Have you ever received funding from the [Center] in the past?

yes  no

If yes, when, what for and to what amount? Click/type to add text

**6. Documents to be submitted AFTER funding**

- within 4 weeks -

If your application for funding has been approved, please submit your original receipts (e.g. train or airplane tickets, participation fee bills, hotel receipts, printing bills...) to the above-mentioned address.

**Legal information:**

I agree that my personal data may be used by [Center] and Goethe University for the purposes of processing the funding application.

I have been informed that I can withdraw my consent to the use of my data at any time.

By signing this document, I certify the accuracy of the information provided.

Date: \_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_